REISSUE REISSUE TRANSMITTAL	Title	ULTRASOUND DIAGNOSTIC APPARATUS AND METHOD				
	Origin	al Patent Issue Date	DECEMBER 9, 1997			
	Origin	al Patent Number	5,694,937			
	First N	lamed Inventor	NAOHISA KAMIYAMA			
	Attorn	ey Docket No.	0039-7451-28 REISSUE			

	AP	PLICATION FOR REISSUE OF: Utility Paten	t		Design	Patent	☐ Plant Patent	
APPLICATION ELEMENTS				ASSISTANT Commission ADDRESS TO: Box Patent Application Washington, DC 202			missioner for Patents plication IC 20231	
1.	1. Fee Transmittal Form (Submit an original and a duplicate for fee processing)				ACCO	MPANYING AP	PLICATION PARTS	
			7.		Transfe	er drawings fro	m Patent File	
2.		Specification and claims	8.		Foreigr	Priority Claim	n <i>(35 U.S.C. 119)</i>	
3.		Drawing(s)	9.		Informa Stateme	tion Disclosure ent (IDS)/PTO-1	Copies of IDS Citations	
7		!	10.		English	Translation of I	Reissue Oath/Declaration	
4 .		Reissue Oath or Declaration	11.		Small E Stateme	nt(c) a	statement filed in prior pplication. Status still proper nd desired.	
			12.		Prelimir	ary Amendmer	nt	
5.6	Origi	nal U.S. Patent	13.		White A	Advance Serial No. Postcard		
		Offer to surrender original patent	14.		Other:	Letter R Drawing red	Requesting Approval of g Change w/Fig. 5 marked in	
•	or	□ Ribboned Original Patent Grant				•		
Ė	☐ Affadavit / Declaration of Loss							
6. Original U.S. Patent currently assigned?								
		■ Yes □ No						
= = = = =	f yes,	check applicable boxes						
		Written Consent of all Assignees						
±2°		37 C.F.R. §3.73(b) Statement with a copy of Assignment						
		15. CORRESPOND	ENCE	E AD	DRESS			
OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C. FOURTH FLOOR 1755 JEFFERSON DAVIS HIGHWAY ARLINGTON, VIRGINIA 22202								
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REISSUE	APPLICA	TION FEE TRANSI	WITTAL FORM	Docket Number 0039-7	451-2s REISSUE
Claims in	_	Number Filed in Reissue			
Original Patent	For	Application	Number Extra	Rate	Fee
28	Total Claims	86	58	× \$18	= \$1,044.00
4	Independent	23	19	× \$78	= \$1,482.00
			Basic Fee	(37 CFR 1.16(h	\$760.00
			■ Late F	iling of Declarati	on \$130.00
			Total of a	above calculation	ns \$3,416.00
			Reduction by 50% for fil	ing by small enti	ty \$0.00
				Total Filing Fe	ee \$3,416.00
■ The Commiss	sioner is hereby a erpayment to Dep		litional fees under 37 CF	R 1.16 or 1.17 wheet is enclosed.	lez
			Eckhard H	. Kuesters	28,870
			Typed or print	ed name	Registration No:

(OSMMN 3/99)

				Docket No	umber			
REISSUE APPLICATION FEE TRANSMITTAL FORM			0039-7451-2s REISSUE					
Claims as filed - Part 1								
Claims in For Number Filed in Reissue Number Extra				F	Rate	Fee		
28	Total Claims	86	58	× \$	\$18	= \$1,044.00		
4	Independent	23	19	× \$	\$78	= \$1,482.00		
	Basic Fee (37 CFR 1.16(h)) \$760.00							
	on \$130.00							
	Total of above calculations \$3,416.00							
	sy \$0.00							
	e \$3,416.00							
Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.								
A check in the amount of \$3,416.00 to cover the filing/additional fee is enclosed. 12/8/99								

Typed or printed name

Registration No:

(OSMMN 3/99)